Financial Hardship Application



In accordance with Chapter 4, Part 10 of the Local Government Regulation 2012 (QLD) and the Local Government Act 2009 (QLD)

Important Information	Property Details				
This application is for assistance with Council rates and	2 nd Property number:				
charges (as defined by the <i>Local Government Act 2009 (QLD)</i>) on the basis of financial hardship.	2 nd Property address				
Please ensure all relevant supporting documentation is	Name of Registered Owner 4				
attached to this application prior to submission. Applicant Details	Name of Registered Owner 1				
Title:	DOB: Occupation:				
Given name(s)	☐ Resides at above property				
Given name(g)	Name of Registered Owner 2				
Surname(s)					
	DOB: Occupation:				
Postal address	☐ Resides at above property				
	Name of Registered Owner 3				
Suburb Postcode					
Dhone D (40) D (1) Mehile	DOB: Occupation:				
Phone (W) (H) Mobile	☐ Resides at above property				
Email address	Name of Registered Owner 4				
Email address					
Property Details	DOB: Occupation:				
1 st Property number:	☐ Resides at above property				
1st Property address	3 rd Property number:				
1 Toperty address	3 rd Property address				
Name of Registered Owner 1					
	Name of Registered Owner 1				
DOB: Occupation:					
☐ Resides at above property	DOB: Occupation:				
Name of Registered Owner 2	☐ Resides at above property				
	Name of Registered Owner 2				
DOB: Occupation:					
☐ Resides at above property	DOB: Occupation:				
Name of Registered Owner 3	☐ Resides at above property				
	Name of Registered Owner 3				
DOB: Occupation:					
☐ Resides at above property	DOB: Occupation:				
Name of Registered Owner 4	☐ Resides at above property				
	Name of Registered Owner 4				
DOB: Occupation:					
☐ Resides at above property	DOB: Occupation:				
	☐ Resides at above property				
	Note: if additional properties are to be listed, please				

complete the relevant details on a separate application form.

Information Privacy Act 2009 - The personal information that Council is collecting from you on this application form is personal information for the purposes of the Information Privacy Act 2009 ('the Act'). The intended recipients of the personal information are officers within the Council and any person wishing to inspect the application in accordance with the Local Government Act 2009 or the Right to Information Act 2009. Redland City Council is collecting your personal information in order to process your application. This information will only be disclosed to any other third party with your written authorisation or as we are required to by law.

Further Information

Other Occupants Application Information Please provide details of any other occupants (including Please explain the changes in circumstances that have children) for the abovementioned properties: affected your ability to meet your rates and charges payment commitments: Full name Address Relation to Applicant/s Age Occupation (if applicable) Gross Weekly Income (if applicable) Full name Address Relation to Applicant/s Age Occupation (if applicable) How long have you been experiencing hardship? (Please include dates, where known) Gross Weekly Income (if applicable) Full name Have you previously applied for financial hardship and Address assistance with rates and charges? ☐ Yes □ No Relation to Applicant/s Age If yes, when: Occupation (if applicable) If yes, what assistance was provided: Gross Weekly Income (if applicable) Full name Please advise the amount and frequency of repayment you are offering towards the rates and charges debt: Address Relation to Applicant/s Age Please advise when you expect to be in a position to resume Occupation (if applicable) normal payments: (if known) Gross Weekly Income (if applicable) Note: if additional occupants are to be listed, please complete the relevant details on a separate application form.

Summary of Financial Position

Property owners who have combined income, expenses, assets and liabilities can combine information.

<u>Please note:</u> income, expenditure and liabilities are to be **monthly** figures.

(e.g. income of a \$500 weekly take home wage would be \$500/week x 52 (weeks/year) / 12 (months/year) = \$2,167 per month

INCOME (Please attach recent payslips and/or Income Statements to substantiate financial position)

		Applicant 1		Applicant 2	
Income Type		Income Source	Monthly Amount	Income Source	Monthly Amount
Wage (after tax):					
☐ Full Time	☐ Part Time				
☐ Casual	☐ Contract				
Pension and benefits					
Interest from banks / o societies / stocks / sha					
Compensation, supera retirement benefits	annuation, insurance or				
Other income (please s	specify)				
	Total monthly income:		\$		\$

EXPENSES (Please attach full statements for any of the below where relevant to substantiate financial position)

	Applicant 1		Applicant 2		
Expense Type	Expense Paid to	Monthly Amount	Expense Paid to	Monthly Amount	
Electricity and Gas					
Medical					
Council rates and charges					
Education					
Rent (if applicable)					
Insurance					
Telecommunications					
Other outgoings					
Total monthly expenses:		\$		\$	

Summary of Financial Position

ASSETS

	Applicant 1		Applicant 2		
Asset Type	Asset Description	Asset Value	Asset Description	Asset Value	
Savings or cheque accounts (e.g. bank, building society, credit union – please specify)					
All properties					
Investments (bonds, shares, etc.)					
Motor vehicles (please specify make, model, etc)					
Boat, caravan, jet ski, etc.					
Other					
Total:		\$		\$	

<u>LIABILITIES</u> (Please attach full statements for any of the below liabilities to substantiate financial position)

	Applicant 1			Applicant 2				
Loan Purpose	Creditor	Current Debt	Arrears (if any)	Monthly Repayment	Creditor	Current Debt	Arrears (if any)	Monthly Repayment
Home loan								
Other mortgages								
Personal loan								
Hire purchase								
Motor vehicle loan								
Credit cards								
Other liabilities								
Total monthly repayments:				\$				\$

Note: if additional applicants are required to provide information regarding their financial position, please complete the details on a separate form.

Declaration

I/we:

- Acknowledge and agree that Redland City Council is collecting and relying on the information in this form to assess my financial hardship application;
- Authorise Redland City Council to contact me/us to discuss the financial hardship application via the contact details provided on this form;
- Declare that the information provided in this form is complete and correct; and
- Understand that giving false or misleading information is a serious offence.

Applicant 1	Applicant 2				
Full name	Full name				
Signature Date	Signature Date				
Supporting Documentation Required					
☐ Payslips and/or Centrelink Income Statement					
☐ Bank statements for the last three (3) months					
☐ Confirmation of other income and/or expense	s that do not appear on the above statements				
Next Steps					

- 1. Please return the financial hardship application form and copies of all supporting documentation via:
 - Email: financialhardship@redland.qld.gov.au
 - Post: Private and Confidential Accounts Receivable Redland City Council PO Box 21

CLEVELAND QLD 4163

- Visit: a Customer Service Centre:
 - Cleveland Corner of Bloomfield and Middle Streets, Cleveland
 - Capalaba 4-16 Noeleen Street, Capalaba
 - o Victoria Point 7-15 Bunker Road, Victoria Point (inside library entrance via High Street)
- 2. Upon receipt of your completed financial hardship application form and copies of all supporting documentation, Redland City Council will review and assess your financial hardship application form and supporting documentation and contact you to discuss the outcome of the assessment.
- Please be aware that submission of a financial hardship application form does not release you from your obligations to pay your rates and charges and if full payment of rates and charges are not received by the date shown on your rates notice, the overdue rates will attract interest compounded daily and could result in legal action being taken.